

Date: 7/12/16 Time: 1237 Arrest#: 1424 Incident #: _____
 Reporting Officer: A C. de. ro ID# 278
 Suspects Name: Kedigtoos foring DOB: 7/12/12 SSN #: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

RCB's Threat to USC Taser # X00-94466

Was Use of Force Effective? If NO, please explain: because [REDACTED] became assaultive after punching this officer
 Yes No

Was the subject injured? If YES, please describe the injuries:
 Yes No

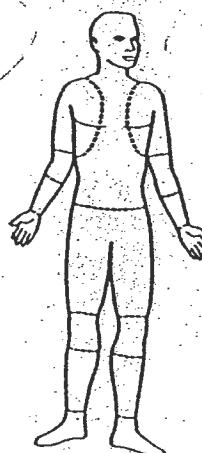
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes No If YES, why?

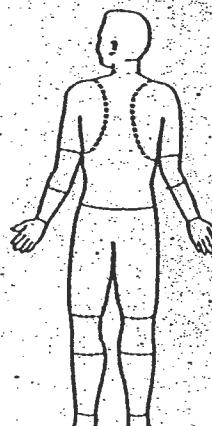
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front



Back

Holyoke PD
Use of Force
Report
2016-2017

Supervisor Reviewing Use Comments:

I believe the use of force involving Taser effective

Supervisors Name (print): Bosarge
(Last)

Wiltner
(First)

ID#: 313

Signature of Reviewing Supervisor:
 Approved Disapproved THE CITY OF HOLYOKE POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO

ID#: _____

Signature of Bureau Commander: 1

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 06/23/16 Time: 1403 Arrest#: 1289 Incident#:
 Reporting Officer: P. OYER ID# 801
 Suspects Name: William Givocay DOB: SSN #:

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR

Yes No

What hospital, if any, was the subject transported to?

HMC BMC

Was Restraint Chair used? Yes NO If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition

O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front

Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrego (Last) Walker (First) ID#: 313

(Middle)

Approved Disapproved H.P.

(Print): THE CITY OF HOLYOKE
POLICE DEPARTMENT

ID#:

Signature of Bureau Captain: CAPTAIN MANUEL FEO

(Middle) M. FEO

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/4/16 Time: 0041 Arrest#: 16-1156-AZ Incident #

Reporting Officer: Jorge Monsalve Incident # ID# 296

Suspects Name: Luis M. Rivera DOB: [REDACTED] SSN #

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

** Describe Weapon of Opportunity Here*

Was Use of Force Effective? If NO, please explain: *continued to resist & refused to comply*

Yes No

Was the subject injured? If YES, please describe the injuries.

Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.R.D. AMR

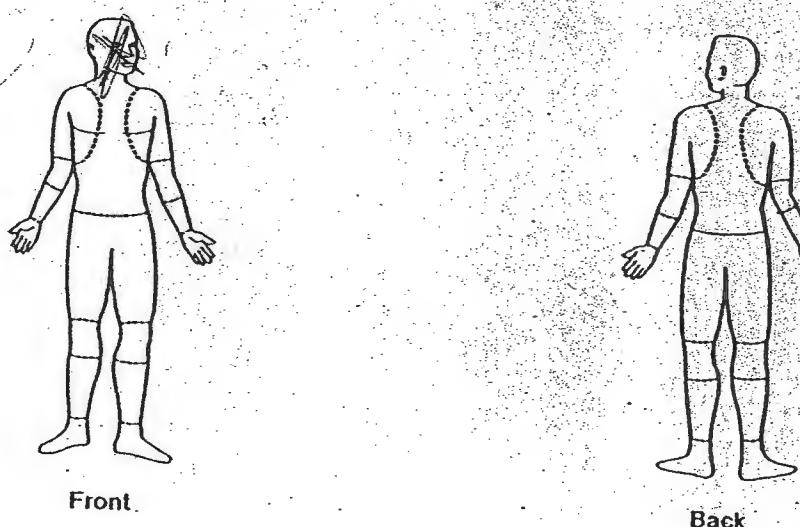
Yes No

Yes No What hospital, if any, was the subject transported to? HMC BMC
Was Restraint Chair used? Yes NO If YES why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition Drive Stun Laser
 O.C. Duration: # of Bursts: W. I. U.

Was subject allowed to decon? Yes No



Front

Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Steve / Rickie R ID#: 20
(Last) (First) (Middle)

Signature of Reviewing Supervisor

Approved Disapproved THE CITY OF HOLYOKE
POLICE DEPARTMENT

(Print): **CAPTAIN MANUEL FEBO**

ID#: _____

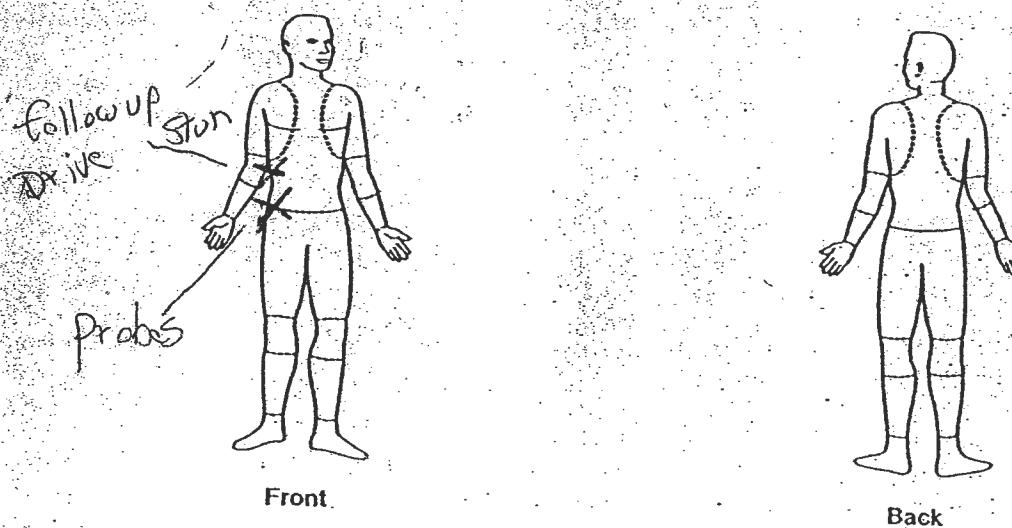
(Last)
Signature of Bureau Commander:

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 06/04/16 Time: 0001 Arrest#: 16-115GAR Incident #:Reporting Officer: _____ ID# 313Suspects Name: Rivera, Luis DOB: 02/11/96 SSN #: _____

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: small spread on probes under the influence
 Yes NoWas the subject injured? If YES, please describe the injuries: _____
 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes No If YES, why? _____Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Supervisor Reviewing Use Comments:

Subject was clearly assaultive, use of the taser was proper and within policySupervisors Name (print): Steve Richard ID#: 256
(Last) (First) (Middle)Signature of Reviewing Supervisor: Sgt. [Signature]
 Approved Disapproved(Print): _____ ID#: _____
(Last) (First) (Middle)

Signature of Bureau Commander: _____ 4

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/3/16 Time: _____ Arrest#: 1155 Incident #: _____
Reporting Officer: SEAN (1) 1141AM 5001 ID# 3-10

Suspects Name: JOSEPH HOWLAWN DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category <input checked="" type="checkbox"/> Resistant Active <input checked="" type="checkbox"/> Assaultive (Bodily Harm) <input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	Officers Response (Check all that apply) <input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other * <input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *
--	--

* *Describe Weapon of Opportunity Here:*

X26 - < SECOND DRIVE STUN TO LOWER RACK.

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries.

Yes No

Was the subject given medical treatment? If YES, who administered the treatment?

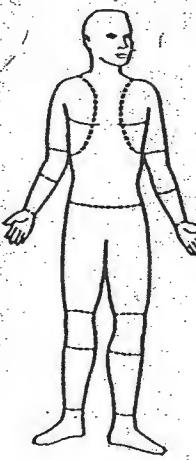
Yes No What hospital, if any, was the subject transported to? H.P.D. H.F.D. AMR
 HMC P.M.C.

Was Restraint Chair used? Yes NO If YES, why?

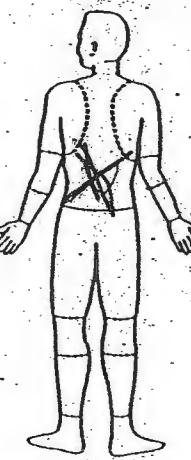
Was X 26 used? Yes No Drive Stun Tasor

Was X-20 used? Yes No Drive Stun Taser
 Baton Impact Munition Q.C. Duration: #

baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

Suspect is muscular-strong-big. His behavior, strength, & resistance overtook the officers. As a result Force Continuum had to be elevated. I Concur with force used to subdue subject

Supervisors Name (print): CRUZ ICATIAS ID#: 262

Signature of Reviewing Supervisor: _____
Approved Disapproved THE CITY OF HOUSTON

Signature of Reviewing Supervisor: *[Signature]*
 Approved Disapproved THE CITY OF HOLYOKE
POLICE DEPARTMENT

POLICE DEPARTMENT
CAPTAIN MANUEL FEOBO

(Last) _____ (First) _____ (Middle) _____ ID#: _____
Signature of Bureau Commander

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 5/9/16 Time: 2110 Arrest#: 16-973-AR Incident #:Reporting Officer: Sgt DAVID S. USHERID# 218Suspects Name MARY NIEVES DOB: [REDACTED] SSN: [REDACTED]

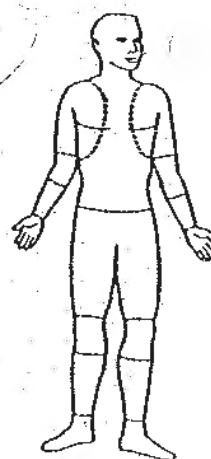
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

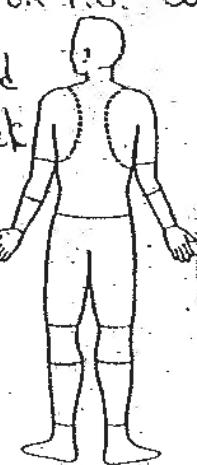
 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front.

Suspect committed A/B on P.O. while sitting on bed.
Taser taken out and told
to put hands behind back
complied



Back.

Supervisor Reviewing Use Comments:

Use was proper and within policy.XDO-68213

Supervisors Name (print): _____

ID#: _____

(Last) Sgt J. R. Usher (First) J. R. (Middle) Usher Approved DisapprovedTHE CITY OF HOLYOKE
POLICE DEPARTMENT(Print): CAPTAIN MANUEL FEO

ID#: _____

Signature of Bureau Commander: _____

(Last) Manuel Feo (First) Manuel (Middle) Feo

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 4/13/16 Time: 20:01 Arrest#: 16-786-AR Incident#:Reporting Officer: MARTIN, ERIC ID# 342Suspects Name: Calderon, Rey DOB: 02/01/1980 SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

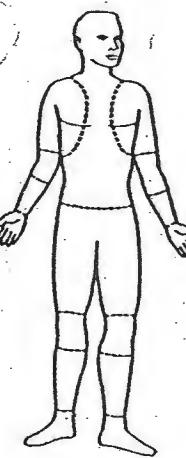
Was Use of Force Effective? If NO, please explain: Taser was only shown, NOT activated, which caused Compliance and was re-holstered

 Yes No

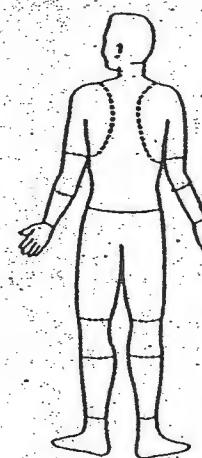
Was the subject injured? If YES, please describe the injuries:

 Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser
 Baton Impact Munition O.C. Duration: _____ # of Bursts: _____Was subject allowed to decon? Yes No

Front.



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Supervisor Reviewing Use Comments:

Cpl. Martin used the taser properly and within policySupervisors Name (print): Stuart Richard B ID#: 206
 (Last) (First) (Middle) Approved Disapproved Signature of Reviewing Supervisor: Sgt. M. FeboTHE CITY OF HOLYOKE
POLICE DEPARTMENT(Print): CPT. MANUEL FEBO

ID#: _____

Signature of Bureau Commander: Cpt. M. Febo

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 4/4/16 Time: Arrest#: 16-720-#V Incident #:
 Reporting Officer: Osf Colon ID# 264
 Suspects Name: Richard A. Ortiz DOB: SSN #:

Suspect Actions Category	Officers Response (Check all that apply)		
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks	<input type="checkbox"/> O.C.	<input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes	<input type="checkbox"/> Baton	<input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton	<input type="checkbox"/> Firearm	<input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Ortiz Continue resisting
 Yes No

Was the subject injured? If YES, please describe the injuries:

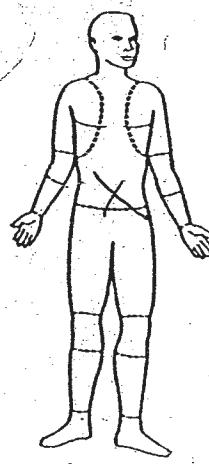
Yes No MINOR SLICE knee

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

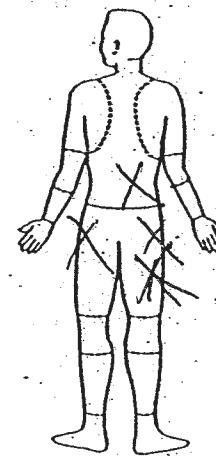
Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

The subject was clearly assaultive and warranted a higher use of force. DRIVE STUN IS FOR pain compliance and for a highly combative and intoxicated person. Full TASER deployment should have been used. Osf Colon under reported to the situation as written

Supervisors Name (print): Stevens Richard B

ID#: 268

Approved Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT
(Print): _____

(La) CAPTAIN MANUEL FEO

ID#: _____

Signature of Bureau Commander: Capt M. FEO (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 4 / 1 / 16 Time: 10:10 Arrest#: 693 Incident #: _____
 Reporting Officer: Goudreau ID# 202

Suspects Name: ISAIAH CALDERON DOB: _____ SSN #: _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <i>Threat of USC</i>
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASER # X00 - 721720

Was Use of Force Effective? If NO, please explain: _____

Yes No _____

Was the subject injured? If YES, please describe the injuries: _____

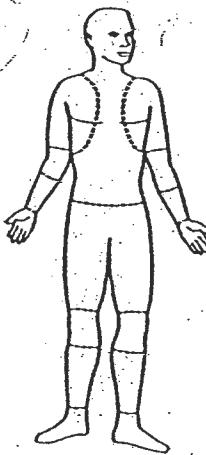
Yes No _____

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

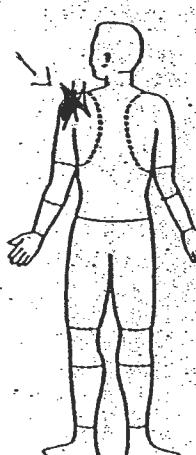
Was Restraint Chair used? Yes No If YES, why? _____

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

use of force appears to conform to Department guidelines

Supervisors Name (print): McCoy Michael ID#: 188
 (Last) (First) (Middle)

Approved Disapproved Signature of Reviewing Supervisor: D. Michael McCoy 188

(Print): CAPTAIN MANUEL FEO ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: APT 9/2018

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 4/1/16 Time: 1717 Arrest#: 16-699-AB Incident#:Reporting Officer: William LeBrunSuspects Name: Thomas UrdeolaDOB: 4/1/82ID# 372SSN # [REDACTED]

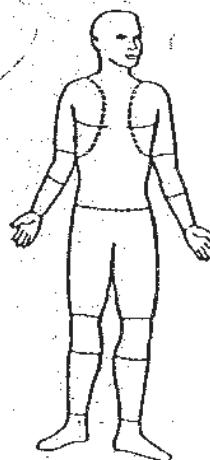
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

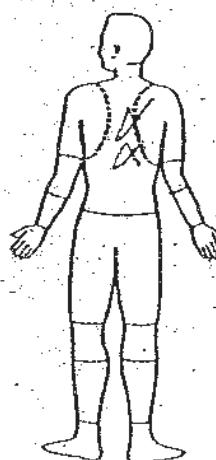
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. A.M.
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes N

Front.



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): BorregoWalterID#: 31P

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: [Signature]

#313

 Approved DisapprovedTHE CITY OF HOLYOKE
POLICE DEPARTMENT
(Print): CAPTAIN MANUEL FEO

(Last)

(First)

(Middle)

ID#:

Signature of Bureau Commander: Capt M. FEO 272 263

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 3/29/16 Time: 13:17 Arrest#: 672 Incident #: _____
 Reporting Officer: Goudreau ID# _____

Suspects Name: Erick Torres DOB: _____ SSN #: _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASER # X00-721720 # (e)

Was Use of Force Effective? If NO, please explain: _____

Yes No

Was the subject injured? If YES, please describe the injuries: _____

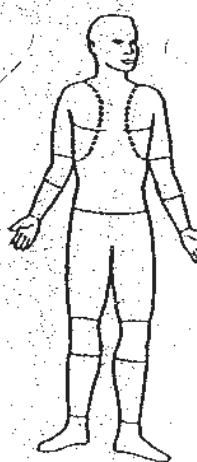
Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

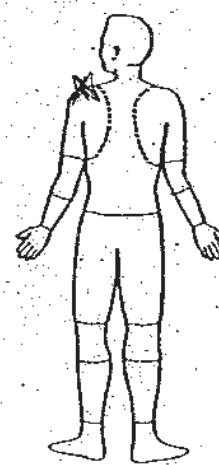
Was Restraint Chair used? Yes NO If YES, why? _____

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front.



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrego (Last) Wolber (First) ID#: 313

Signature of Reviewing Supervisor: _____

Approved Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO

ID#: _____

Signature of Bureau Commander: G. M. Febo

* This form is to be submitted to the Chief's Office immediately upon completion

HOLYOKE POLICE Department- Use of Force Report

Case 3:17-cv-30031-MGM Document 55-1 Filed 08/09/18 Page 12 of 47

Date: 3/21/16 Time: 08:30 Arrest#: 16-616 Incident #: _____Reporting Officer: Roger GaudreauSuspects Name: Ryan Allen

DOB: _____

ID# 302

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

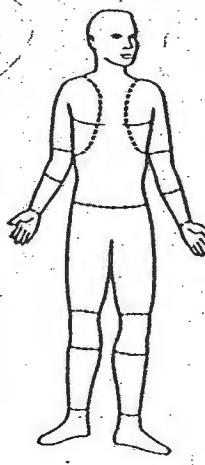
WARNING of Use

* Describe Weapon of Opportunity Here:

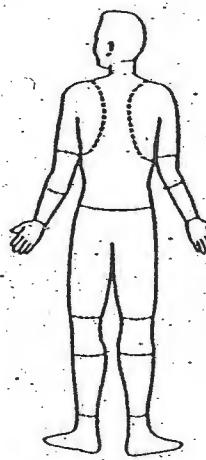
Was Use of Force Effective? If NO, please explain: _____

 Yes No _____

Was the subject injured? If YES, please describe the injuries: _____

 Yes No _____Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why? _____Was X 26 used? Yes No Drive Stun Taser Threat of use
 Baton Impact Munition O.C. Duration: _____ # of Bursts: _____Was subject allowed to decon? Yes No _____

Front.



Back.

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borregos Wilber ID#: 513
(Last) (First) (Middle)

Signature of Reviewing Supervisor:

 Approved Disapproved THE CITY OF HOLYOKE
POLICE DEPARTMENT 2016 513
CAPTAIN MANUEL FEOBO
(Print): _____

ID#:

Signature of Bureau Commander: Cpt M 2016

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department Use of Force Report

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Date: 03/13/16 Time: 0319 Arrest#: K-546-AR Incident#:Reporting Officer: BorregoSuspects Name: Alicao, JuanDOB: 08/08/1980 SSN # [REDACTED]ID# 313

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

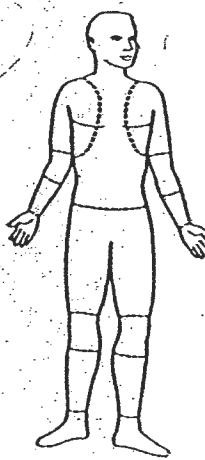
* Describe Weapon of Opportunity Here:

X26P Taser (S# X13001RDX) Display Taser AS Warning

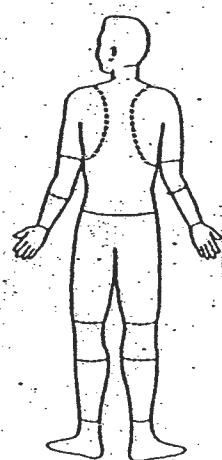
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes No If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front.



Back.

Supervisor Reviewing Use Comments:

Supervisors Name (print): Summer Brian ID#: 305
(Last) (First) (Middle)Signature of Reviewing Supervisor: Brian Summer (305) Approved DisapprovedTHE CITY OF HOLYOKE
POLICE DEPARTMENT(Print): CAPTAIN MANUEL FEOSignature of Bureau Commander: Cpt M. FEO 203

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department- Use of Force Report

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#6

Date: 03/10/16 Time: 2242 Arrest#: 16-516-AR Incident#:Reporting Officer: ZURHEIDE, JOSEPH ID# 348Suspects Name: RANJIT GREWAL DOB: 03/03/83 SSN # [REDACTED]

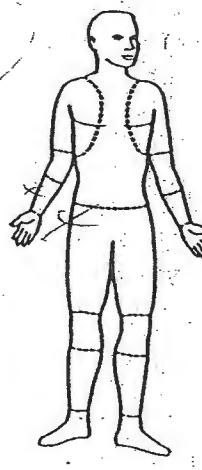
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

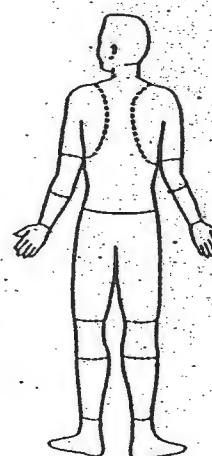
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front.



Back.

Supervisor Reviewing Use Comments:

Suspect was much bigger than Officer Zurheide and became combative, Use of He Taser was proper

Supervisors Name (print): Stuart (Last) Rachel (First) B. (Middle) ID#: 216Signature of Reviewing Supervisor: [Signature] Approved Disapproved(Print): FEBO MARVEL ID#: 263
(Last) (First) (Middle)Signature of Bureau Commander: Cpt M 2/21/16

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 03/10/16 Time: 20:37 Arrest#: 16-516-AR Incident #:

Reporting Officer: DeValle, Samuel

ID# 326

Suspects Name: Grewal, Ranjit

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

Was the subject given medical treatment? If YES, who administered the treatment?

Yes No What hospital, if any, was the subject transported to? H.P.D. H.F.D. AMR

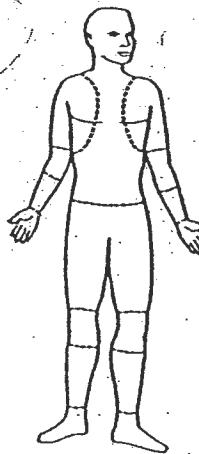
HMC BMC

Was Restraint Chair used? Yes No If YES, why?

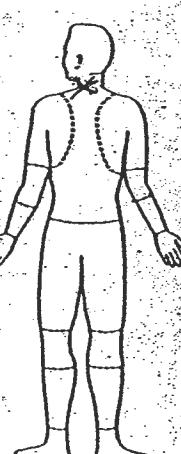
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front.



Back.

Supervisor Reviewing Use Comments:

Subject was a heavy assaultive toward officer Devalle, team deployment was allowed

Supervisors Name (print): Silva Richard ID#: 216

(Last)

(First)

Middle

Signature of Reviewing Supervisor: Sgt. P. B. S.

Approved Disapproved

(Print): FRANCISCO MANUEL ID#: 263

(Last)

(First)

Middle

Signature of Bureau Commander: Cpl. M. J. 5 P. M. 1263

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 02/27/16 Time: 2330 Arrest#: 16-Y10-AR Incident #: 16-1019-0F
 Reporting Officer: SOTOLOTTO, ANTHONY C. ID# 371

Suspects Name: MULVANEY, MICHAEL DOB: 01/01/1980 SSN # 222-22-2222

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No THREAT OF TASER DEPLOYMENT - GAINED COMPLIANCE

Was the subject injured? If YES, please describe the injuries:

Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR

Yes No What hospital, if any, was the subject transported to? HMC BMC

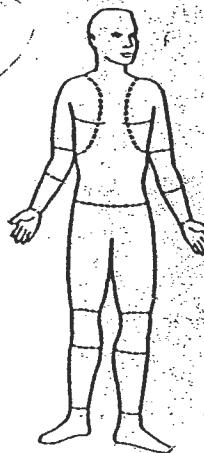
Was Restraint Chair used? Yes NO If YES, why?

Was X 26 used? Yes No Drive Stun Taser

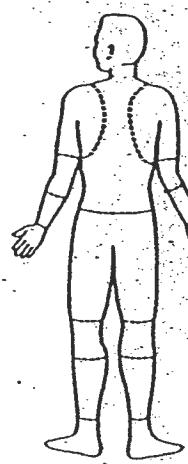
Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No

5#X00-686210



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borregos Walter ID#: 313
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: #313
 Approved Disapproved

(Print): F. B. O., M A N V E L #202 ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. M. P. D. 220

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department Use of Force Report

Case 3:17-cv-30031-MGM Document 55-1 Filed 08/09/18 Page 17 of 47

Date: 2/23/16 Time: 2:45 AR Arrest#: 388 Incident #: _____

Reporting Officer: Seward

Suspects Name: ERIC OCASIO

DOB: _____

ID# 361

SSN # _____

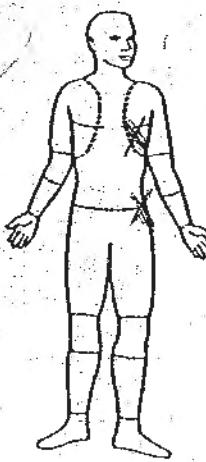
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

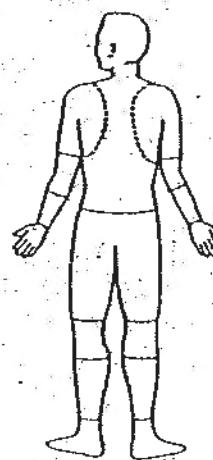
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

Officer's response was appropriate to the level of the suspect's actions

Supervisors Name (print): MONFETT CHARLES PAUL ID#: 338

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: Sgt. Monfett, 338

 Approved Disapproved

(Print): CRUZ

(Last)

ISAIAS

(First)

(Middle)

ID#: 262

Signature of Bureau Commander: R. BROOKS

* This form is to be submitted to the Chief's Office immediately upon completion
Cat M 07/27/2013

Date: 01/30/16 Time: 2349 Arrest#: _____ Incident #: 16-551-0F
 Reporting Officer: Walber Borrego ID# 313
 Suspects Name: Hamelin, Patrick DOB: 0 SSN #: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:
[REDACTED]

Was Use of Force Effective? If NO, please explain: _____

Yes No

Was the subject injured? If YES, please describe the injuries: _____

Yes No

Was the subject given medical treatment? If YES, who administered the treatment?

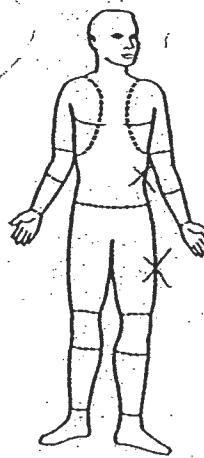
Yes No What hospital, if any, was the subject transported to? H.P.D. H.F.D. AMR
 HMC BMC

Was Restraint Chair used? Yes NO If YES, why? _____

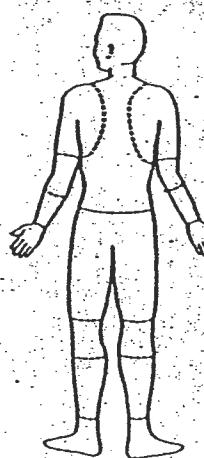
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front.



Back

Supervisor Reviewing Use Comments:

Subject was armed w/ meat hatchet and wanted officer to shoot him. Given that deadly force was an option, officer used restraint and showed calmness in dealing with a suicidal subject. Subject was subsequently hospitalised.

Supervisors Name (print): Stephanie (Last) Rachel (First) ID#: 212 (Middle)

Signature of Reviewing Supervisor: KMB (First) #212 (Middle)

Approved Disapproved

(Print): Felix (Last) MANUEL (First) #203 (Middle) ID#: 203

Signature of Bureau Commander: GJ (First) PZ (Middle) 203 (Last)

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 1/30/16 Time: 2349 Arrest#: Incident #: 16-551Reporting Officer: Sgt. Richard StureID# 256Suspects Name: Hamelin PatrickDOB: SSN #

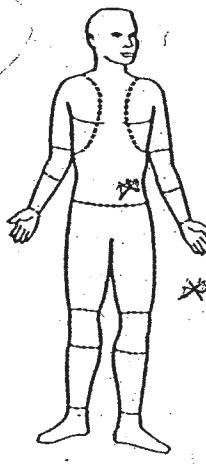
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

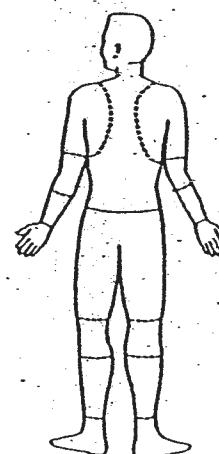
Was Use of Force Effective? If NO, please explain:

 Yes No Due probe missed,

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrego Walber ID#: 313
(Last) (First) (Middle)Signature of Reviewing Supervisor: # 313 Approved Disapproved(Print): Abbo Manuel #263 ID#: 263
(Last) (First) (Middle)Signature of Bureau Commander: Cpt Mc PZB 263

* This form is to be submitted to the Chief Office immediately upon completion

Date: 01/07/16 Time: 23:30 HRS Arrest#: 16-S6-AP Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 322
 Suspects Name: JOHN RIVERA DOB: 6/15/85 SSN #: ██████████

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	THREAT OF TASER USE <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No _____

Was the subject injured? If YES, please describe the injuries:

Yes No _____

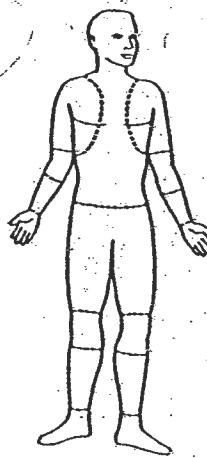
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR

Yes No What hospital, if any, was the subject transported to? HMC BMC

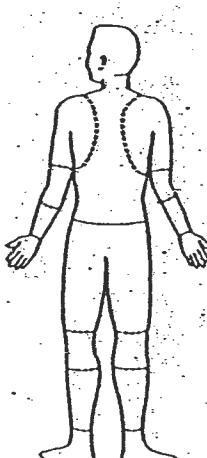
Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front.



Back

Supervisor Reviewing Use Comments:

Suspect was placed under arrest but did not comply with Officer S. Norton's commands and was resisting. The threat to use the taser was proper and the suspect did comply and was handcuffed.

Supervisors Name (print): Garcia, Joseph

ID#: 200

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: Lt. Joseph Garcia 200

Approved Disapproved

(Print): _____

(Last)

(First)

(Middle)

ID#: _____

Signature of Bureau Commander: ██████████

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/20/15 Time: 1900 Arrest#: 15-2917-AZ Incident#:
Reporting Officer: B. BOYLE #321 ID# 321

Suspects Name: Jose DeJesus DOB: 01/01/1980 SSN #: ██████████

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input checked="" type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: KNEE / HANDS

Was Use of Force Effective? If NO, please explain: DEJESUS HAD NO REACTION TO DRIVE STUN; CONTINUED TO FIGHT

Was the subject injured? If YES, please describe the injuries: Cut on Forehead

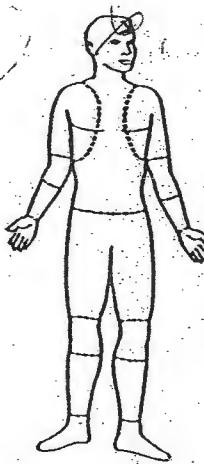
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. A.M.I.

Yes No What hospital, if any, was the subject transported to? HMC BMC

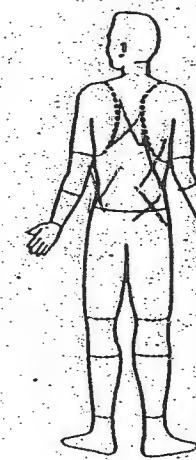
Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

SUBJECT DEJESUS DISPLAYED RESISTANT ACTIVE AND ASSAULTIVE BEHAVIOR TOWARDS OFFICERS. LEVEL OF FORCE USED TO GAIN COMPLIANCE WAS JUSTIFIED. DEJESUS SUFFERED CUT ON FOREHEAD THAT WAS TREATED BY H.P.D. PER POLICY. FULL X26 DEPLOYMENT WAS NOT USED; CHOICE

Supervisors Name (print): REAGAN DANIEL

ID#: 256 Area:

Signature of Reviewing Supervisor Sergeant Daniel J. Reardon
 Approved Disapproved

(Print): Pratt Arnold R ID#: 233
(Last) (First) (Middle)

Signature of Bureau Commander: Cooperated with P.D.

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 11/05/15 Time: 1632 Arrest#: 15-2821-AR Incident #: _____
Reporting Officer: SOTO GOTT ID# 371

Suspects Name: MATTA, RAUL DOB: 1-1-19 SSN # 51

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active <input type="checkbox"/> Assaultive (Bodily Harm) <input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other * <input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* *Describe Weapon of Opportunity Here:*

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

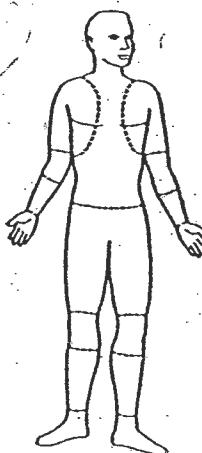
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. U.L.E.D.

Yes No What hospital, if any, was the subject transported to? H.P.D. H.F.D.
Constraint Chair no. 12 Y N HMC BMC

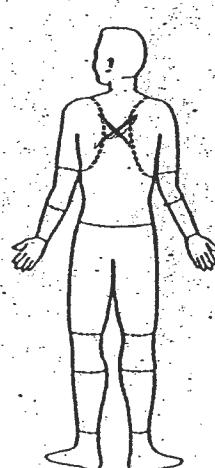
Was Restraint Chair used? Yes No If YES, why?

Was X26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Montell Charles Paul ID#: 338

Approved Disapproved

(Print): Felix Morales 263
(Last) (First) ID#: 263

(Last) (First) (Middle) _____
Signature of Bureau Commander: *At 33 27 20*

* This form is to be submitted to the Chief's Office immediately upon completion.

Date: 6/30/15 Time: 2308 Arrest#: 15-1847AR Incident#:Reporting Officer: SGT REARDONID# 254Suspects Name: Giammarino, AnthonyDOB: 2/2/1982SSN: XXXXXXXXXX

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

 Yes No

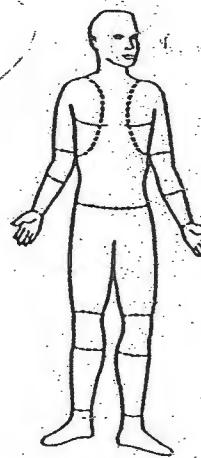
Was the subject injured? If YES, please describe the injuries: _____

 Yes NoABRASIONS - HEAD, CHECK,
SKIN, HANDSWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR Yes NoWhat hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes No

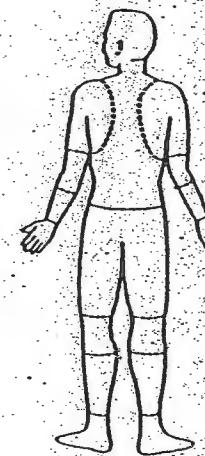
NO If YES, why?

Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____

of Bursts: _____

Was subject allowed to decon? Yes No

Front.



Back.

Supervisor Reviewing Use Comments:

Refer to OFFICER DELVALLE's USE OF FORCE REPORT (TASER)Subject fled, committed crime w/ O.C., resisted arrest and used physical force to attempt to escape ... twice.Supervisors Name (print): K. ReardonID#: 254

(Last)

(First)

(Middle)

 Approved Disapproved(Print): Patt(Last) and (First)(Middle) ID#: 237Signature of Bureau Commander: Joseph J. Patti

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department Use of Force Report
 Case 3:17-cv-30031-MGM Document 55-1 Filed 08/09/18 Page 25 of 47

Date: 5/29/15 Time: 1935 Arrest#: 15-151F-AR Incident #:
 Reporting Officer: Matt WELCH

Suspects Name: Michael Fernandez DOB: SSN #:

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

Yes No

Was the subject injured? If YES, please describe the injuries: _____

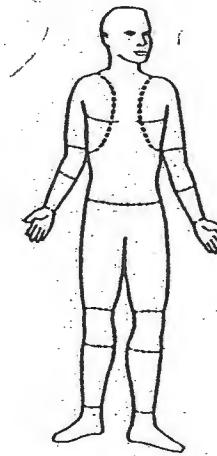
Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

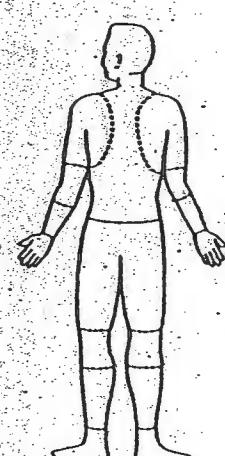
Was Restraint Chair used? Yes NO If YES, why? _____

Was X 26 used? Yes No Drive Stun Taser
 Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front.



Back

Supervisor Reviewing Use Comments:

Based on the circumstances the use of (display) the taser appears to be reasonable and within department guidelines.

Supervisors Name (print): McCoy Michael J. ID#: 198
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: D. Michael McCoy

Approved Disapproved

(Print): Felix, MANUEL
 (Last) (First) (Middle)

ID#: 263

Signature of Bureau Commander: Capt M. P. S. #267

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 01/19/15 Time: 1852 Arrest#: IS-1109-AR Incident #: N/A
 Reporting Officer: Emitrius #334 ID# 334
 Suspects Name: Rios, Juan DOB: SSN #:

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	X26 Taser THREAT of use. <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

~~XX~~ - Suspect would NOT Remove His Hands from under His Body - Took at Taser
Once Susp. SAW Taser He Removed His Hands from under His Body.

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMF

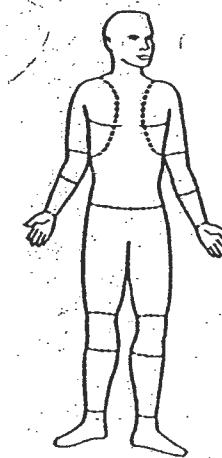
Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes NO If YES, why?

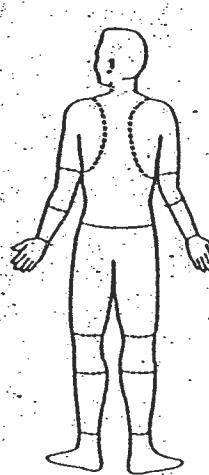
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

Threatened use of Taser was effective in this situation. Its use appears to be within Dept. guidelines.

Supervisors Name (print): McCoy Michael J. ID#: 198
 (Last) (First) (Middle)

Approved Disapproved

(Print): F. B. O. M. McCoy 8/20/15 ID#: 203
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. M. McCoy 8/22/15

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/14/15 Time: 6:15pm Arrest#: 05-1052A Incident#:

Reporting Officer: Victor Hernandez ID# 306

Suspects Name: Jontre Gordan DOB: 10/16/86 SSN# [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other*
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other*
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other*

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

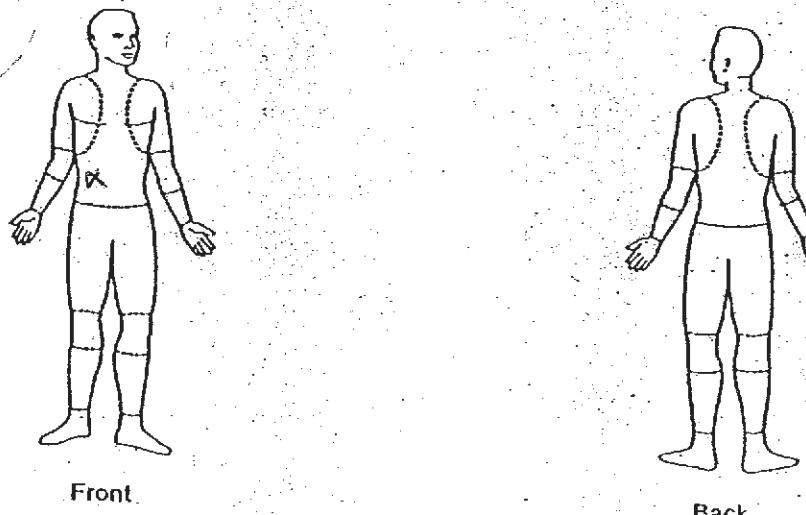
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front

Back

Supervisor Reviewing Use Comments:

Described use of force seems to be appropriate for the level of resistance officer were facing.

Supervisors Name (print): MCMATION Michael ID#: 272

(Last)

(First)

(Middle)

ID#: 272

Signature of Reviewing Supervisor:

Approved Disapproved

(Print): FEBO MANUEL ID#: 263

(Last)

(First)

(Middle)

ID#: 263

Signature of Bureau Commander: Capt. PBY #263

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 4/13/15 Time: 11:00pm Arrest#: 05-1027AN Incident#:
 Reporting Officer: Victor Hernandez ID# 306
 Suspects Name: NASCAR JIMENEZ DOB: SSN #:

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No Suspect was on PCP and had no effect

Was the subject injured? If YES, please describe the injuries:

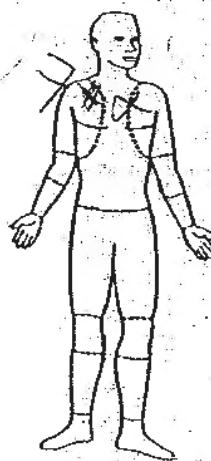
Yes No _____

Was the subject given medical treatment? If YES, who administered the treatment?

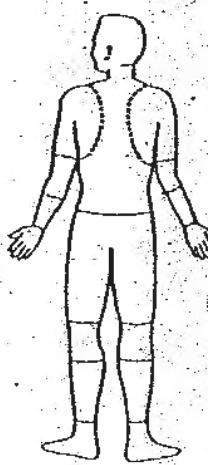
H.P.D. H.F.D. AMR
 HMC BMC

What hospital, if any, was the subject transported to?

Was Restraint Chair used? Yes NO If YES, why?
 Was X 26 used? Yes No Drive Stun Taser
 Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

I have read the report seems to be reasonable amount of force for the situation

Supervisors Name (print): MCMANION MCMANION ID#: 272

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: DeLoach

272

Approved Disapproved

(Print): FEBDO MANUEL ID#: 263

(Last)

(First)

(Middle)

Signature of Bureau Commander: Capt 729 P.D.A. 263

* This form is to be submitted to the Chief's Office immediately upon completion.

Date: 3/13/15 Time: _____ Arrest#: 15-650-AV Incident #:

Reporting Officer: Josh Colon ID# 264

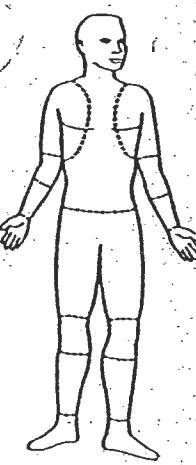
Suspects Name: Brian Hunter DOB: _____ SSN #: _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

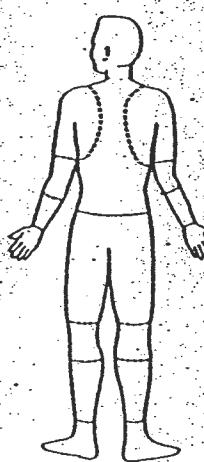
* Describe Weapon of Opportunity Here:

Mr Hunter was in Kitchen Area could have
access to unknown weapon -
Was Use of Force Effective? If NO, please explain: Upon taking taser out
 Yes No Mr Hunter Comply and went to ground.

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes No If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Sgt. David M. O'Conor ID#: 313
 (Last) (First) (Middle)

Approved Disapproved
 Signature of Reviewing Supervisor: Sgt. David M. O'Conor

Signature of Bureau Commander:

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 03/08/15 Time: 01:12 Hrs Arrest#: 15-600-AR Incident#:Reporting Officer: STEPHEN NORTONSuspects Name: CARLOS VAZQUEZ-GONZALEZ DOB: 01/01/1980 SSN # [REDACTED]

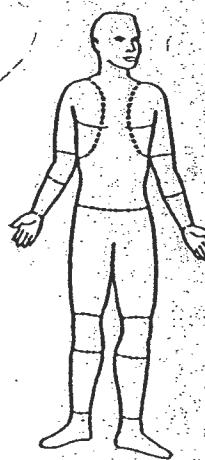
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	THREAT OF USING TASER X00-7a1677 <input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

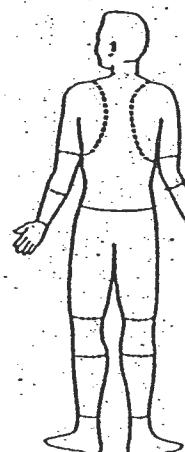
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____Was subject allowed to decon? Yes No~~HREAT OF USE~~

Front.



Back.

Supervisor Reviewing Use Comments:

Supervisors Name (print): USHETC DAVID S.ID#: 268

(Last)

First

(Middle)

 Approved Disapproved(Print): FEB 01, 2018 #263ID#: 263

(Last)

First

(Middle)

Signature of Bureau Commander: Capt. BRYAN J. JONES #263

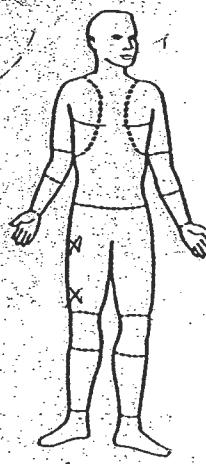
* This form is to be submitted to the Chief's Office immediately upon completion

Case 3:17-cv-30031-MWB Document 18 Filed 08/09/18 Page 32 of 47
Date: 02/24/15 Time: 11:33 Arrest#: _____ Incident #: 15-974Reporting Officer: Gaudreau, RogerID# 202Suspects Name: Adam CooperDOB: [REDACTED]SSN# [REDACTED]

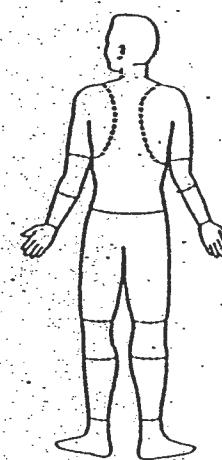
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

 Yes NoWas the subject injured? If YES, please describe the injuries: Stab wounds to left side of neck Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.E.D. AMR Yes NoWhat hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: _____ # of Bursts: _____Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Sgt. O'Connell, David M. ID#: 185

(Last)

(First)

(Middle)

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor:

Sgt. David M. O'Connell #185 Approved Disapproved(Print): FEBD (Last) MARVEL #263 (First) ID#: 263

(Last)

(First)

(Middle)

Signature of Bureau Commander: Capt. [Signature] #263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 02/01/15 Time: 0013 Arrest#: 15-287-AR Incident #: 15-287-AR/15-590
 Reporting Officer: Walber Borregos ID# 313
 Suspects Name: Santiago Edgar DOB: 0 SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

Yes No

Was the subject injured? If YES, please describe the injuries: _____

Yes No

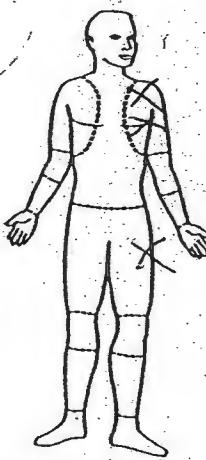
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes NO If YES, why? _____

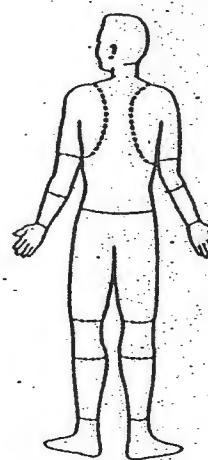
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



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Supervisor Reviewing Use Comments:

Supervisors Name (print): USHIER DAVID S. ID#: 218
 (Last) (First) (Middle)

Approved Disapproved

(Print): FEBO, MANUEL # 263 ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt. [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 11/7/14 Time: 4:20pm Arrest#: 14-2808AK Incident#:Reporting Officer: Victor Hernandez ID# 306Suspects Name: Wilfredo Rodriguez DOB: [REDACTED] SSN # [REDACTED]

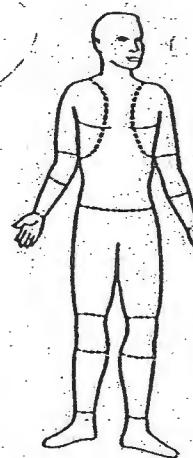
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

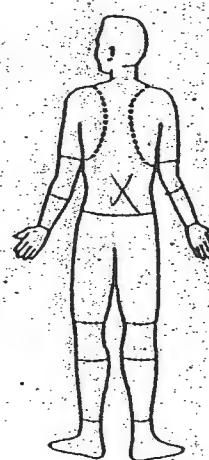
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

Officer's use of drive stun was appropriate for the situation.Supervisors Name (print): LT. McCay Michael (Last) First ID#: 128 (Middle)Signature of Reviewing Supervisor: D. McCay Approved Disapproved(Print): Felbo (Last) MARVEL (First) #263 (Middle) ID#: 263Signature of Bureau Commander: Capt 34 P. J. P. #263

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 10/29/14 Time: 1833 Arrest#: 16-6046-OF Incident #: 14-6046-OF
 Reporting Officer: Crystal Manzi ID# 343

Suspects Name: Luis Diaz DOB: [REDACTED] SSN #: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Drive Stun using X26 Taser for an assaultive male who became assaultive towards us and himself.

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

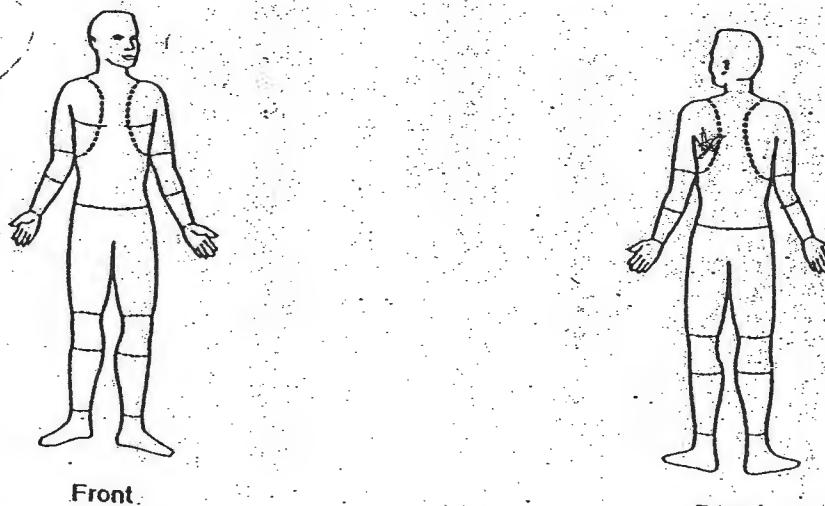
Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMI
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front

Back

Supervisor Reviewing Use Comments:

Officer Manzi used restraint w/ only drive stun or perform in stead of full probe deployment.

Supervisors Name (print): Stevens (Last) Richard (First) ID#: R078

Approved Disapproved

(Print): FEB 0 (Last) MANZI (First) ID#: #263

Signature of Bureau Commander: Capt 331 J. B. #263

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 10/18/15 Time: 10:08 Arrest#: _____ Incident #: 5641
Reporting Officer: OYER ID# 201
Suspects Name: NICHOLAS GIBRINE DOB: 10/18/1985 SSN # 123-45-6789

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/ Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (<i>Bodily Harm</i>)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (<i>Serious Bodily Harm/Death</i>)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

** Describe Weapon of Opportunity Here:*

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

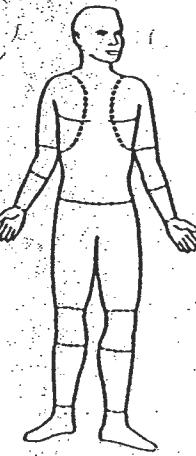
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

Yes No

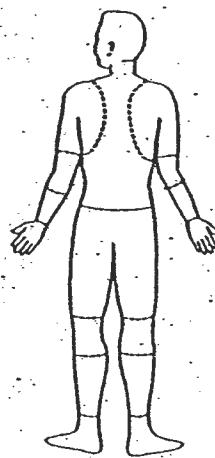
Was Restraint Chair used? Yes NO If YES, why?

Was X 26 used? Yes No Drive Stun T

Baton Impact Munition OC Pepper Spray Drive Stun Gun Laser Gun



Front



Back

Supervisor Reviewing Use Comments:

Based on the circumstances, the display of the officer's taser was reasonable and within departmental guidelines.

Supervisors Name (print): Lt. McCay, Michael J. ID#: 198
(Last) (First) (Middle)

Signature of Reviewing Supervisor: *D. Michael Moore*
(Last) (First) (Middle)

Signature of Reviewing Supervisor: D. Michael Myer

Approved Disapproved

(Print): FEB 0 MANUEL ID#: 263
(Last) (First) (Middle)

(Last) (First) (Middle)
Signature of Bureau Commander: Clyde M. Tolson

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/26/15 Time: 1956 hrs Arrest#: 15-2742-AZ Incident #:

Reporting Officer: Sgt DAVID S USHER ID# 218

Suspects Name: ERIC ROWLS

DOB: [REDACTED]

SSN #: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <i>Did not use</i>
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

Yes No

Was the subject given medical treatment? If YES, who administered the treatment?

Yes No

What hospital, if any, was the subject transported to?

H.P.D.

H.F.D.

AMR

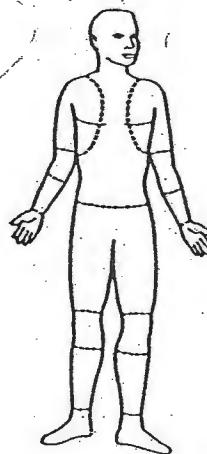
HMC BMC

Was Restraint Chair used? Yes NO If YES, why?

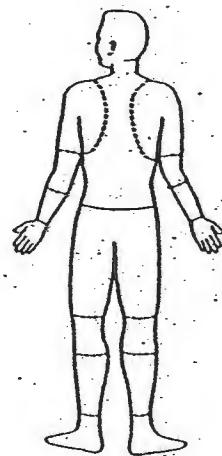
Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No

Suspect was informed to comply or would be treated. (Suspect Complied)



Front.



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Monfett Charles Paul ID#: 338

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: Sgt. Monfett, 338

Approved Disapproved

(Print): _____ ID#: _____

(Last)

(First)

(Middle)

Signature of Bureau Commander:

* This form is to be submitted to the Chief's Office immediately upon completion ³⁷



Arrest #: 15-2742-AR
Call #: 15-43732

Date/Time Reported: 10/26/2015 @ 1935
Arrest Date/Time: 10/26/2015 @ 1956
Booking Date/Time: 10/26/2015 @ 1956

OBTN: THOY201502742
Reporting Officer: OFFICER JAMES DUNN
Booking Officer: LIEUTENANT ISAIAS CRUZ



Signature: _____

DEFENDANT (S)	SEX	RACE	AGE	SSN	PHONE
RAWLS, ERIC L 12 ELM ST LUDLOW MA 01056	M	W	55	[REDACTED]	413-222-3182
ilitary Active Duty: N HEIGHT: 507 BODY: MEDIUM DOB: [REDACTED] STATE ID: M[REDACTED] LICENSE [REDACTED]	WEIGHT: 200	HAIR: BROWN COMPLEXION: LIGHT	EYES: GREEN PLACE OF BIRTH: FORT LEE VIRGINIA FBI [REDACTED] ETHNICITY: NOT HISPANIC LOCAL ID: P[REDACTED]		

[CONTACT INFORMATION]

Home Phone (Primary) 413-222-3182

[APPEARANCE]

GLASSES WORN: NO

TATTOOS: TAT LF ARM(PARARESCUE), TAT UR ARM(PARARESCUE)
TAT UL ARM(SUN WITH ANGEL)

[FAMILY/EMPLOYMENT INFORMATION]

MARITAL STATUS: SINGLE

FATHER'S NAME: RAWLS, OBRA
MOTHER'S NAME: SPANGLER, RICKEE

EMPLOYER/SCHOOL: DISABLED

OCCUPATION: NURSING SCHOOL

Arrest #: 15-2742-AR
 Call #: 15-43732

#	DEFENDANT(S)	SEX	RACE	AGE	SSN	PHONE
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[RIGHTS/BOOKING CHECKS]

RIGHTS ADVISED BY: LIEUTENANT ISAIAS CRUZ DATE/TIME: 10/26/2015 @ 1956
 PHONE USED: Y PHONED DATE/TIME: 10/26/2015 & 1956
 ARRESTEE SECURED: Y 10/26/2015 [REDACTED]
 ARRESTEE CELL #: M4

FINGERPRINTED: Y
 PHOTOGRAPHED: Y
 SUICIDE CHECK: Performed
 PERSONS: State&Federal
 NCIC VEHICLE CHECK: Not Performed
 INJURY OR ILLNESS: Y - FOREHEAD CUT

OFFENSE (S)	ATTEMPTED	TYPE
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LOCATION TYPE: Highway/Road/Alley/Street Zone: RA-1
 HR BLOCK
 210 HIGH ST
 HOLYOKE MA 01040

RESIST ARREST 268/32B	268 32B	N	Misdemeanor
	OCCURRED: 10/26/2015 1957		
DISORDERLY CONDUCT 272/53/F	272 53	N	Misdemeanor
	OCCURRED: 10/26/2015 1957		
A&B ON POLICE OFFICER 265/13D/A	265 13D	N	Misdemeanor
	OCCURRED: 10/26/2015 1958		
	WEAPON/FORCED USED: Personal Weapons (Hands/Feet/Etc)		
PROTECTIVE CUSTODY/INCAP. PERSON/ASSIST TO FACILITY 111B/8	111B 8	N	Not Applicable
	OCCURRED: 10/26/2015 1958		

VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
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CONFIDENTIAL

Arrest #: 15-2742-AR
Call #: 15-43732

CONFIDENTIAL VICTIM REPORT

VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
DUNN, JAMES M 138 APPLETON ST HOLYOKE MA 01040 DOB: [REDACTED] EMPLOYER: HOLYOKE POLICE DEPARTMENT 413-536-6431 INJURIES: None ETHNICITY: Not of Hispanic Origin RESIDENT STATUS: Resident VICTIM CONNECTED TO OFFENSE NUMBER(S): 3 RELATION TO: RAWLS ERIC Stranger CONTACT INFORMATION: Home Phone (Primary) 413-532-1804 Home Phone (Primary) 413-536-6431 Work Phone (Primary) 413-322-6900 Work Phone (Primary) 413-536-6431	M	W	36	NOT AVAIL	413-322-6900

Ref: 15-2742-AR

On October 26, 2015 I Officer James Dunn was assigned to car 2. Officers Shaw and Beben were dispatched to a man passed out on the sidewalk at the corner of Dwight Street and High Street. When Officer Dunn arrived Officers Beben and Shaw were already on scene speaking to a party.

Officer Dunn saw a few people walking away as he was pulling up. Officer Dunn observed a male holding a box who was unsteady on his feet swaying back and forth. He was alking about a torn plastic bag that he was holding and his speech was slurred.

Officer Dunn then asked Officer Shaw what was happening with this person. At this time he male, who was later identified as Mr. Eric Rawls looked at Officer Shaw and told him to "Relax!" Officer Dunn then asked Mr. Rawls what he said. He told Officer Dunn "I asked him to relax, now I'm telling you to relax."

At this time Officer Dunn exited his cruiser to speak further with Mr. Rawls. As Officer Dunn approached him, Mr. Rawls bladed his stance stated "what are you gonna do arrest me?" Officer Dunn could now see that his eyes were bloodshot and glassy and he smelled very strongly of an alcoholic beverage.

Due to Officer Dunn's observations he believed that Mr. Rawls was highly intoxicated. Officer Dunn replied no, but i'm placing you in protective custody so put your hands behind our back. Officer Dunn then went to remove the box that Mr. Rawls was holding to put andcuffs on him. Mr. Rawls reached out and pushed Officer Dunn with the hand that was not olding the box.

Officer Dunn immediately grabbed Mr. Rawls and took him down to the ground. Mr. Rawls landed on his back, face up. Officer Dunn told him to stop resisting and turn over onto is stomach. Mr. Rawls then reached up and struck Officer Dunn with an open palm and then unched him in the face with his other hand.

Officer Dunn then began striking Mr. Rawls several times in the face. Mr. Rawls then ied to kick Officer Dunn but was unable to. Officers were then able to roll Mr. Rawls onto his omach. But Mr. Rawls tucked his hands to his chest so he could not be handcuffed.

Officers struggled with Mr. Rawls in order to try to handcuff him. Mr. Rawls was still assaultive, trying to bite Officer Dunn as he was trying to gain control of his hands. Officer Dunn had to push Mr. Rawls head to ground several times so he could not bite Officer Dunn. While on the ground Mr. Rawls was yelling and screaming obscenities at the Officers at the top of his lungs.

Ref: 15-2742-AR

Officers were eventually able handcuff Mr. Rawls at which time he stopped fighting. Officer Dunn helped Mr. Rawls to his feet and escorted him to the back of car 2. Mr. Rawls refused to get into the car and had to be forced into the back of the cruiser. Officer Dunn then transported Mr. Rawls to the station. Once in booking several other units arrived in booking.

Officer Dunn then left booking so as not to further agitate Mr. Rawls. Officer Dunn was later advised by the House Officer that Mr. Rawls became assaultive again in booking after the handcuffs were removed. See Officer Deliberto's supplemental narrative.

Holyoke Police Department Use of Force Report Case 3:17-cv-30031-MGM Document 55-1 Filed 08/09/18 Page 43 of 47

Date: 10/12/15 Time: 0253 Arrest#: 15-2657-AP Incident#:

Reporting Officer: Janiec Jeffrey

Suspects Name: RIVERA, ANGEL JR.

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Suspect on PCP. Confined space, minimal cover

Yes No Spread

Was the subject injured? If YES, please describe the injuries: Facial, hit door frame during altercation

Yes No altercation

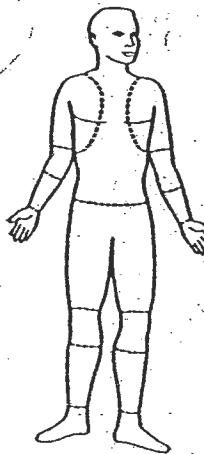
Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR

Yes No What hospital, if any, was the subject transported to? HMC BMC

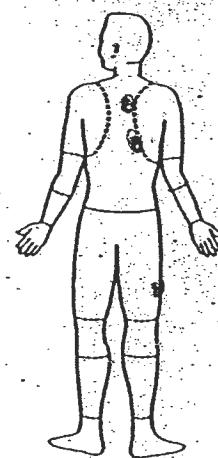
Was Restraint Chair used? Yes NO If YES, why? N/A

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrep Walber ID#: 313
 (Last) (First) (Middle)

Signature of Reviewing Supervisor:

Approved Disapproved Sgt. Stephen Loftus 168 313

(Print): FEB 0 MAR 06 ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: Det. M. P. DR 263

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department - Use of Force Report

Case 3:17-cv-30031-MGM Document 55-1 Filed 08/08/18 Page 44 of 47

Date: 9/16/15 Time: 2248 Arrest#: 15-2459 Incident #:
 Reporting Officer: J. Lopez #351 ID# 351
 Suspects Name: Carlos Delgado DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

DISPLAYED X26 Taser, was not used.

Was Use of Force Effective? If NO, please explain:

Yes No

Was the subject injured? If YES, please describe the injuries:

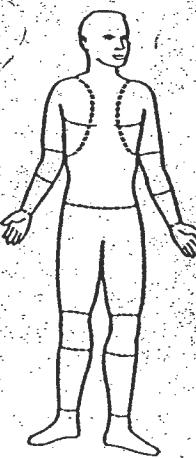
Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMC

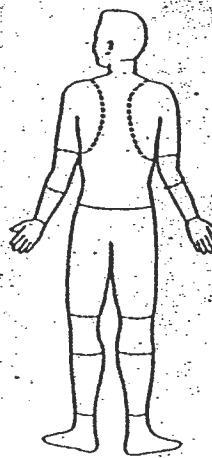
Was Restraint Chair used? Yes No If YES, why?

Was X 26 used? Yes No Drive Stun Taser

Baton Impact Munition O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? Yes No



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Supervisor Reviewing Use Comments:

Displaying of the taser appears to be appropriate and reasonable given the circumstances.

Supervisors Name (print): McCoy Michael ID#: 198
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: D. Michael McCoy ID#: 198
 Approved Disapproved

(Print): febo MARVEL ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: Cpl. M. P. Maron

* This form is to be submitted to the Chief's Office immediately upon completion

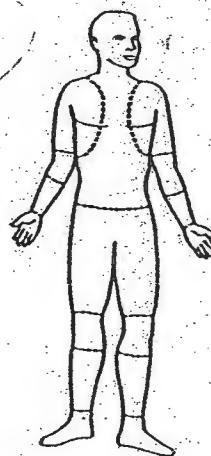
Date: 9/5/14 Time: 0313 Arrest#: 14-2278-AR Incident #:Reporting Officer: BorregoSuspects Name: Pagan, AngelDOB: 01/01/1980ID# 313SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

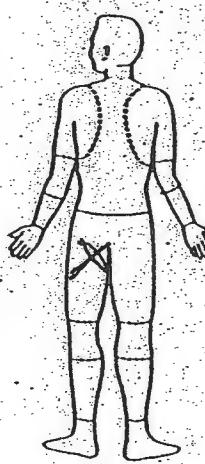
* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Subject continued to kick even after being Drive Stunned Yes Nobeing Drive Stunned

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMI
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes NO If YES, why?Was X 26 used? Yes No Drive Stun Taser Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes N

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Supervisor Reviewing Use Comments:

Officer Borrego showed restraint in using only drive stun on a non-compliant subject. Use was within policy.

Supervisors Name (print): Stein

(Last)

(First)

(Middle)

ID#: 376Signature of Reviewing Supervisor: Sej M. Stein Approved Disapproved(Print): Scott

(Last)

(First)

(Middle)

ID#: 235Signature of Bureau Commander: Capt. Bill Pagan #734

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 08/19/15 Time: 00:00 Arrest#: 15-2238 Incident#:

Reporting Officer: Borrego, Walter ID# 313

Suspects Name: Veto, Jason DOB: 04/14/1985 SSN: [REDACTED]

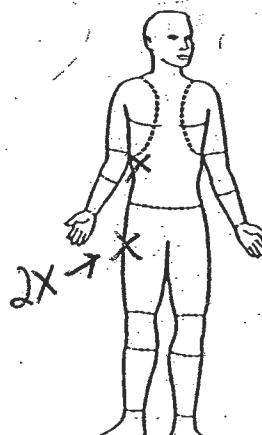
Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

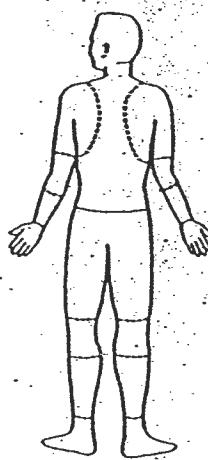
Was Use of Force Effective? If NO, please explain:

 Yes No

Was the subject injured? If YES, please describe the injuries:

 Yes NoWas the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR
 Yes No What hospital, if any, was the subject transported to? HMC BMCWas Restraint Chair used? Yes No If YES, why?Was X 26 used? Yes No Drive Stun Taser X26P (S**X)3001 RDX Baton Impact Munition O.C. Duration: # of Bursts: Was subject allowed to decon? Yes No

Front



Back

Supervisor Reviewing Use Comments:

ALL SET

Supervisors Name (print): Febo Marvee ID# 263
(Last) (First) (Middle)Signature of Reviewing Supervisor: Cpl M. Febo Marvee ID# 263
 Approved Disapproved(Print): Febo, marvee ID#: 263
(Last) (First) (Middle)Signature of Bureau Commander: Cpl M. Febo Marvee ID# 263
(Last) (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 7/30/15 Time: 0337 Arrest#: 15-2076-AR Incident#:Reporting Officer: Martin, Erik J ID# 342Suspects Name: Berrios, Efrain DOB: 7/17/77 SSN# [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other*
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other*
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other*

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Threat of drive-stun caused compliance, no discharge of taser was needed - see report

Was the subject injured? If YES, please describe the injuries: [REDACTED]

Yes No

Was the subject given medical treatment? If YES, who administered the treatment? H.P.D. H.F.D. AMR

Yes No

What hospital, if any, was the subject transported to? HMC BMC

Was Restraint Chair used? Yes No If YES, why? [REDACTED]

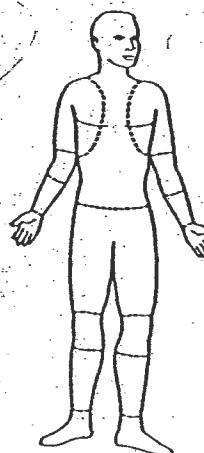
Was X 26 used? Yes No

Drive Stun Taser

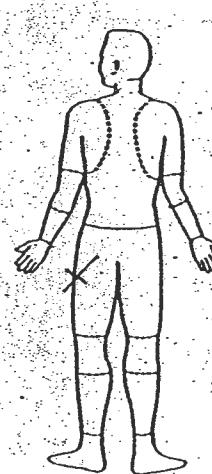
Baton Impact Munition

O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? Yes No



Front.



Back.

Supervisor Reviewing Use Comments:

Effective by warning given to suspect

Supervisors Name (print): LASHETT DAVID S. ID#: 218
(Last) (First) (Middle)

Signature of Reviewing Supervisor: Sgt. David Lashett #218



Approved Disapproved

(Print): ECHO MARVEL ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: Cpt. J.M. P. J.M. 263

* This form is to be submitted to the Chief's Office immediately upon completion